

Medications Used to Treat OUD: An Overview

West Virginia Drug Intervention Institute at UC

Generic Names: Buprenorphine and Naloxone

Brand Names: Bunavail, Suboxone, Zubsolv (Buprenorphine and Naloxone are used together in all of the brand name drugs, these are all combination drugs)

What is this medication used for?

- It is used to treat opioid addictions
- It is not to be used for pain relief or an as needed basis

Suboxone is a combination medication that contains the following elements:

- Buprenorphine- a substance that when it is attached to a receptor in your brain, it activates a very small amount of opioid to satisfy the patient's craving in order to help decrease the patient's craving and eventually stop their opioid addiction.
- Naloxone- this substance shuts down the opioid receptor by blocking the receptor's signals that are sent to the nervous systems.

Which is why giving naloxone alone will result in multiple withdrawal symptoms to the patient. Therefore, buprenorphine is combined with naloxone to help wean the patient off of the stronger opioid.

It is possible to overdose on suboxone if you take a higher dose than what is prescribed to you. Symptoms of an overdose include, but are not limited to anxiety, nausea, slow heartbeat, extreme exhaustion and stomach pain.

Buprenorphine has a ceiling effect, which means that once the dose reaches a certain amount, the effect of the drug will remain at that level and not produce a larger euphoric effect. Drugs that do not have a ceiling effect are easier to abuse and become addictive too.

Tablets vs Strips:

Both suboxone tablets and strips contain the same medication and are equally effective however, strips begin to work a lot quicker because they dissolve faster into your body system. Dosing is patient dependent.



Naltrexone

Brand name: Vivitrol

Naltrexone prevents the opiate effects and stops the patient from having cravings to take opiates. It will cause withdrawal symptoms if given to patients with who are physically dependent on narcotics and opioids. The withdraw symptoms occur because the patient is suddenly reducing the amount of opioid that they are taking or because they are abruptly stop taking the opioid altogether. Naltrexone is started after a patient is no longer dependent on narcotics for at least 7-14 days.

If a patient is prescribed Naltrexone by their doctor, they must complete a full drug abuse program which can include counseling, behavioral contracts and lifestyle changes.

Naltrexone is available in two dosage forms:

1. Intramuscular injection: Brand name only (Vivitrol) 380 mg Once every 4 weeks.
2. Tablet oral: 50 mg (Initiate on 25mg and if no withdrawal symptoms occur, increase to 50mg.)



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Medically Assisted Treatment vs. Medically Assisted Therapy

Some words in the health care settings may be used interchangeably such as “treatment” and “therapy.” The term “medically assisted treatment” actually refers to the use of the medication with the addition of extensive counseling. The treatment is very comprehensive and individualized to the patient. For example, for a patient that has been diagnosed with an opioid overdose, their medication assisted treatment would include an FDA- approved buprenorphine product as well as a behavioral therapy session conducted by a psychiatrist along with participation in narcotics anonymous (NA) meetings. The goal of the treatment plan is in hopes that the treatment is effective and that they patient will be able to recover. The overall goal of a medication assisted treatment is to improve the patient’s quality of life, decrease the use of illicit opiate use, and increase the patient’s ability to have a self-directed life again.

Each of the individual medications prescribed to a patient are considered “medically assisted therapy.” The physician will write a prescription for the medication and a pharmacist dispenses the medication appropriately. A couple of FDA approved buprenorphine therapies include suboxone sublingual (below the tongue) film or tablet and/or Subutex sublingual (below the tongue) tablet.

Health care providers treat patients with the most effective medication that will help them overcome their substance abuse disorder. However, in medication assisted therapy situations, it is at the patient’s discretion to take their medication as directed (as is true with any medication regime for any disease states). Many MAT programs require patients to not only adhere to their medication, but also attend group and individual therapy sessions as well as submit to regularly scheduled urine screens. This approach is considered “best practice” by most medication associations and organizations.